

**Supervisor's Report of  
Occupational Injury, Illness,  
Accident or Fire**  
(Do Not Use for Motor Vehicle Accident  
See Instructions on Reverse)

**U.S. Department of Housing  
and Urban Development**  
Office of Administration

1. Reported Incident Occurred		2. To	3. From (Name and location of reporting Office)
Date	Time		

4. Report Category

☐ Injury   ☐ Illness   ☐ Accident (Non-Injuring)   ☐ Fire   ☐ Property Damage Only   ☐ Other (Explain)

5. Describe what happened (Give complete details. Use plain paper and attach if additional space is needed.)

6. Name, position and assigned Office of injured employee	7. <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Severity of Injury <input type="checkbox"/> Non-Disabling <input type="checkbox"/> Disabling <input type="checkbox"/> Fatality
---	--	--

9. Nature of injury and part of body affected

10. If Hospitalized, Name and Address of Hospital	11. Name and address of Physician
---	-----------------------------------

12. Where did reported incident occur? (Office, shop, corridor, stairwell, etc.)	13. Was employee performing assigned duties? (If "No," explain circumstances.)	14. Was reported incident caused by unsafe act of employee? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," explain.)
---	---	--

15. Description of equipment, furniture or facilities damaged	16. Estimated dollar value of damage \$
---	--

17. What action has been taken to correct the conditions causing the above reported incident?

18. Supervisor's recommendations to prevent future occurrences	19. Recommendations or comments by designated Safety Representative
--	---

20. Name and Signature of Supervisor	Date	21. Name and Signature of Safety Representative	Date
--------------------------------------	------	---	------

---

## Instructions

---

1. Self-explanatory.
  2. Submit to designated safety representative.
  3. Office where incident occurred, i.e. "Reno, Nevada Insuring Office" or "Boston, Massachusetts Regional Office" or "HPMC, Headquarters".
  4. Self-explanatory.
  5. Explain exactly what happened. If employee was injured, state what employee was doing, what tools were being used, what object or substance directly caused the injury or illness, what was the employee struck by or against, etc. State if employee lost consciousness.
  6. Self-explanatory.
  7. Self-explanatory.
  8. **Non-Disabling Injury or Illness:** An injury or illness which does not result in death or which does not cause the employee to be reassigned or to be absent from work at any time after the actual date of the injury.  
**Disabling Injury:** An injury which causes the injured employee to be
    - a. Unable to work a full day on any one or more days after the day of the injury.
    - b. Reassigned to another job temporarily or permanently.
    - c. Permanently impaired by complete loss, or loss of use, of any member of the body or part of such member, or bodily function or part thereof.**Fatality:** An injury or illness which causes death of the employee, regardless of the length of time intervening between the injury, or illness, and death.
  9. Self-explanatory.
  10. Self-explanatory.
  11. Self-explanatory.
  12. Self-explanatory.
  13. Assigned duties include any activity that the employee was engaged in that arose directly from and considered part of his job assignment.
  14. Unsafe acts are employee's failure to use guards, protective equipment or clothing which may be available, or use of methods which are contrary to recommended safe practices. Information is desired, not to fix blame, but to determine whether alternate methods, guards, tools, etc. should be considered.
  15. Self-explanatory.
  16. Self-explanatory.
  17. Self-explanatory.
  18. Self-explanatory.
  19. Self-explanatory.
  20. Self-explanatory.
  21. Self-explanatory.
- Supervisor, read the following statement to injured employee prior to completing form.
- Privacy Act Notice:** The information is requested by authority of Section 19, Occupational Safety and Health Act of 1970 to provide data for use in analyzing accident causes. Individually identified personal information will not be disclosed to a non-HUD source, except as permitted by law. It is voluntary on your part to supply the requested information. There is no penalty to you for failure to provide some or all of the information.